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PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

<i>Group</i>	1651		<i>Certificate Under 37 CFR 1.8(a)</i>
<i>Art Unit:</i>			
<i>Attorney</i>			I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner of Patents, Washington, D.C. 20231
<i>Docket No.:</i>	HER.0033		
<i>Applicant:</i>	Edmond Daniel Roussel et al.		
<i>Invention:</i>	ABSORBABLE COMPOSITION CONTAINING PROPIONIC BACTERIA CAPABLE OF RELEASING NITRIC OXIDE IN THE HUMAN OR ANIMAL ALIMENTARY CANAL		
<i>Serial No.:</i>	09/331,554		
<i>Filed:</i>	August 23, 1999		
<i>Examiner:</i>	V. Afremova		
on 11-6-01			
Anthony Niewyk			

STATEMENT OF ALAIN QURY

**Assistant Commissioner for Patents
Washington, D.C. 20231**

J ALAIN QUBY make the following statements:

1. I am a joint inventor of the above-referenced application;
 2. My name was omitted from the non-provisional application and occurred through error and without any deceptive intent on my part.
 3. I request that my name be added to the above-referenced non-provisional application.
 4. I have executed the proper Declaration and the same is being submitted herewith.

October 26, 2001

Date

Alvin CURRY

ALAIN QURY

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Please type a plus sign (+) inside this box → +



PTO/SB/024 (11-03)

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DECLARATION		ADDITIONAL INVENTOR(S) Suppl m ntal Sh t Page <u>1</u> of <u>1</u>	
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Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Alain		Oury		
Inventor's Signature	Alain OURY		October 26, 2001 Date	
Residence: City	Aunay Sur Odon	State	Country	France
Mailing Address	"Le Breuil"			
Mailing Address	14260 Aunay Sur Odon			
City	State	ZIP	Country France	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature			Date	
Residence: City	State	Country	Citizenship	
Mailing Address				
Mailing Address				
City	State	ZIP	Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature			Date	
Residence: City	State	Country	Citizenship	
Mailing Address				
Mailing Address				
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